U S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 936	2 Fiscal Year Covered From
	1/1/04 Through 12/31/ <u>04</u>
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name JOHN P. WILLIAMS	Name ASBESTDES WORKERS LU37
	Labor Organization File Number 04/-060
P O Box, Bldg Room No , if any	P O Box, Building and Room Number, if any
Street 8155 St. John Rd.	Street 2360 N. Cullen Ave.
City EIBERFELD .	City EVANSVILLE
State IN. ZIP Code + 4 476/3	State IN . ZIP Code + 4 477775
5 Position in labor organization TRUSTEE	
	abild disable as industries and any of the fall.
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name ASBESTDES WORKERS LU 37	
40114 11116041131(1)	
Trade Name, if any TRAINING COMMITEE	
PO Box, Bldg, Room No if any	Instructor Salary
PO Box, Bidg, Room No if any	Instructor Salary
Trade Name, if any TRAINING COMMITEE	
PO Box, Bidg, Room No if any	7 b Amount
PO Box, Bidg, Room No if any Street 2360 N. CULLEN AVE.	
PO Box, Bldg, Room No if any Street 2360 N. CULLEN AVE. City Evansuille	7 b Amount # 5,633.
Trade Name, if any TRAINING COMMITEE PO Box, Bldg, Room No if any Street 2360 N. CULLEN AVE. City Evansuille State EN: ZIP Code+4 47715	ature Penury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is to the best of the
Trade Name, if any TRAINING COMMITEE PO Box, Bidg, Room No if any Street 2360 N. CULLEN AVE. City Evan Suille State EN: ZIP Code +4 4777/5 Signature and verification The undersigned declares under penalty of submitted in this report (including the information contained in any accompany)	ature Penury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is to the best of the

Name of Person Filing		File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business .		
8 Name and address of Business (incl	uding trade name, if any)	9 Business deals with
Name		
Trade Name, if any		a Labor Organization
		b Trust
PO Box, Bldg , Room No , if any		c Employer
Street		
City		
State	ZIP Code + 4	
10 If 9 b or 9 c is checked give trust	or employer's name	11 a Nature of such dealing
Name		
Trade Name, if any		•
P O Box, Bldg , Room No , if any		
Street		11 b Approximate dollar value of such dealing
City		12 a Nature of interest held or income received
City	ZIP Code + 4	
·	ZIP Code + 4	
·	ZIP Code + 4	
·	ZIP Code + 4	12 a Nature of interest held or income received
·	ZIP Code + 4	12 a Nature of interest held or income received
·	ZIP Code + 4	12 a Nature of interest held or income received
·	other than an employer covered unc	12 a Nature of interest held or income received 12 b Amount er parts A and B above)
State C Received from any employer (e	other than an employer covered und to an employer any payment of mone	12 a Nature of interest held or income received 12 b Amount er parts A and B above)
C Received from any employer (or from any labor relations consultant	other than an employer covered und to an employer any payment of mone	12 a Nature of interest held or income received 12 b Amount er parts A and B above) y or other thing of value
C Received from any employer (or from any labor relations consultant 13 a Name and address of Employer or (including trade name, if any)	other than an employer covered und to an employer any payment of mone	12 a Nature of interest held or income received 12 b Amount er parts A and B above) y or other thing of value
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14 b Amount of payment.

13 b Is the Business an Employer

or Consultant